STATE OF MARYLAND—CERTIFICATE OF DEATH

05677

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (210-M)

County Anne Arundel Registration Dist. No. 23

Village or City Crain Highway 5th of Anders Corners St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Muriel Adams If U. S. Veteran, specify WAR ...

(a) Residence: No. 108 Second Ave. S. Glen Burnie, Md. Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elliott L. Adams

6. DATE OF BIRTH (month, day, and year) Jan. 24, 1895.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) June 25, 1939

11. Total time (years) spent in this occupation 13 yrs.

12. BIRTHPLACE (city or town) Rockport (State or country) Mass.

FATHER

13. NAME Joseph J. Braga

14. BIRTHPLACE (city or town) St. Marys (State or country) The Azores

MOTHER

15. MAIDEN NAME Anna Silva

16. BIRTHPLACE (city or town) St. George (State or country) The Azores

17. INFORMANT Elliot L. Adams (Address) 102 2nd Ave. Glen Burnie, Md

18. BURIAL, CREMATION, OR REMOVAL Place ~~Rockport Mass~~ Date June 30, 1939

19. UNDERTAKER Thomas W. Pingleton (Address) Glen Burnie Md.

20. FILED 29 June, 1939 MKS Alba Registrar.

Changed to Cedar Hill, Md. June 30, 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at 3.50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Automobile accident (on Crain Highway 1/2 South of Andersons Corner Millersville, Md.)	6/25/39
Other Contributory Causes of importance: Fracture Skull Broken right Crushed chest	6/25/39

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/25 19 39

Where did injury occur? Millersville Maryland. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Automobile accident

Nature of injury As stated above.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) John M. Caffin Dep. Medical Examiner M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 3, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05678

STATE OF MARYLAND—CERTIFICATE OF DEATH

(85)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 22

Village or City Laurel No. District Training School St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Batch If U. S. Veteran, specify WAR ...

(a) Residence: No. District Training School St., Ward. If nonresident give city or town and State

(Usual place of abode) 332 Seaton St. N. W. Washington D. C.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year) Sept. 15, 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
11	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

FATHER

13. NAME Louis W Batch

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mame Balch

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) D. T. S. Records Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date 6-13-39

19. UNDERTAKER (Address) W. W. Chambers Co. 1400 Chapin St. N.W.

20. FILED June 9, 1939 Edna M. Harlett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October, 1938, to June, 1939

I last saw her alive on June 9, 1939; death is said to have occurred on the date stated above, at 2:15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Idiopathic epilepsy	Congenital
Other Contributary Causes of Importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm. P. Doherty M. D.

(Address) District Training School, Laurel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05679

(183)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 20

Village or City Pine Whiff Beach No. Edgewater St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME August C. Biedermann Jr. If U. S. Veteran, specify WAR

(a) Residence: No. 312 - 11th N.E. St., Ward. Washington D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Mar. 21. 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. news paper route also

10. Date deceased last worked at this occupation (month and year) 6/16/39

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME August C. Biedermann Sr.

14. BIRTHPLACE (city or town) Wells
(State or country) Wisconsin Minn

MOTHER

15. MAIDEN NAME Ida Heuzel

16. BIRTHPLACE (city or town) New London
(State or country) Wisconsin

17. INFORMANT Morris Biedermann
(Address) 312 - 11th St. N.E. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date June 19, 1939

19. UNDERTAKER W. W. Chamberlain
(Address) Washington D.C.

20. FILED June 17, 1939 Odell Collinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 17. (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h Post-mortem alive on 19; death is said to have occurred on the date stated above, at about 12:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Accidental drowning	6/17/39

Other Contributory Causes of importance:
Seized with cramps while swimming in Selvas House Creek

Name of operation none Date of —

Whet test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/17, 1939

Where did Injury occur? In Selvas House Creek
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Public place

Manner of Injury was swimming

Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Claffy Dep. Medical Exam. M. D.

(Address) Annapolis Md.

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MARGIN RESERVED FOR BINDING

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05681

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: ANNE ARUNDEL

City or town: ANNAPOLIS
(If ontside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: U.S.NAVAL HOSPITAL.

Stay in hospital or inst. (yrs., or mos., or days): 7 days.

Stay in this community (yrs., or mos., or days): 4 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Anne Arundel.

City or town: Annapolis. Ward No.: —
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 101 S.Cherry Grove Avenue.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War.

3. (a) FULL NAME: GEORGE WASHINGTON BOBART.

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Augusta Kramer Bobart.

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): November 13,1886.

8. AGE: Years	Months	Days	If less than one day
52	7	12	____ hrs. ____ min.

9. Birthplace: Baltimore,Baltimore Co.Maryland.
(Town, county, and state)

10. Usual occupation: Engineer.

11. Industry or business: Ice Plant, U.S.Naval Academy.

FATHER
12. Name: Charles Bobart.
13. Birthplace: Baltimore, Maryland.

MOTHER
14. Maiden name: Elizabeth Edelman
15. Birthplace: Baltimore, Maryland.

16. Informant: R.M.LAMON,Comdr.(MC),U.S.N.

Address: U.S.NAVAL HOSPITAL,ANNAPOLIS,MD.

17. Burial. Date thereof 27 June,1939.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: U.S.Naval Academy.

Location: U.S. Naval Academy,Annapolis,Md.

18. Funeral director: John M.Taylor, 147 Duke of

Address: Gloucester Street,Annapolis, Md.

19. 6-26-39. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25, 1939, at 5.25 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 June, 1939, to 25 June, 1939, and that I last saw him alive on 25 June, 1939.

Immediate cause of death	DURATION
Hemorrhage,cerebral.	7 days.
Due to ARTERIAL HYPERTENSION.	
Due to ARTERIOSCLEROSIS,GENERAL.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, Industry, public piece (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: R.L.WARE, Lieut (MC) USN. M.D.
M. D. or other

Address: US.Naval Hospl,Annapolis, Maryland. Date signed: 6-25-39.

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JUL 1 1939
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(59)

05680

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County A. A. Co.

City or town Pasadena
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mountain Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County A. A. Co.

City or town Pasdena Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Mountain Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Bowers

3. (b) Social Security Number

4. Sex M.

5. Color or race W.

8. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Martha L. Bowers

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14 - 1870

8. AGE: Years 68 Months 7 Days 9 If less than one day hrs. min.

9. Birthplace Baltimore - Md
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business Self.

FATHER
12. Name John Bowers
13. Birthplace Md.

MOTHER
14. Maiden name Margaret Bowers
15. Birthplace Md.

16. Informant Martha L. Bowers

Address Pasadena A. A. Co. Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof June 26 - 39
(month) (day) (year)

Cemetery or crematory Mt Olivet

Location

18. Funeral director William Cook

Address 1217 St Paul St.

19. June 24 1939 (Date rec'd by registrar) M. S. Dalva Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 - 1939, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/9/39 19 , to 6/23/39 19 ,
and that I last saw him alive on 6/23/39 19

Immediate cause of death Carbuncle Rt Groin Diabetic Coma

Due to Diabetes Mellitus,

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
3 wks.
3 days
unknown

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J Alexander MD
M. D. or other

Address Glen Burnie Md Date signed 6/23/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05682

1. PLACE OF DEATH

County A. A. Registration Dist. No. 21

Village or City Annapolis Md No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Infant Brown

(a) Residence: No. — St., Ward. WITHIN CORPORATE LIMITS OF Rural A.A.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX X

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 30/39

7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis Md (State or country)

FATHER

13. NAME A. Dwyer Brown

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Teresa Baesch

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT A. Dwyer Brown (Address) Sylvan Shore Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date July 1, 1939

19. UNDERTAKER B. T. Hopping (Address) Annapolis Md

20. FILED 7/1/39 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Still Birth (Month) 6 (Day) 30, 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Still Birth, 19__, to ____, 19__

I last saw h____ alive on ____, 19__; death is said to have occurred on the date stated above, at ____ m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Still Birth — Date of onset 6-30-

Other **Contributory Causes** of importance:

Still Birth

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? W

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? W

If so, specify ____

(Signed) George C Bond M. D.

(Address) Annapolis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83)

Reg. Dist. No. 21

05683

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos

(e) Length of stay in this community (yrs., mos., or days) 21 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore City

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. Unknown (If rural give location)

(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME JAMES COLLISON

3 (b) If veteran, name war ----

3 (c) Social Security No. -----

4. Sex male

5. Color or race black

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of ~~husband or~~ wife Unknown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 56 Months Unknown Days If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Unknown

11. Industry or business Unknown

FATHER

12. Name Alfred Collison

13. Birthplace Virginia

MOTHER

14. Maiden Name Lizzie Collison

15. Birthplace Virginia

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) ____ (Burial, ~~cremation, or removal~~) (b) Date thereof 6/23 (month) 39 (day) (year)

(c) Cemetery ~~or crematory~~ Hospital

Location Crownsville

18 (a) Funeral director Supt.

(b) Address Crownsville Md

19 (a) 6/23-9 (Date rec'd by registrar) (b) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. Date of death June 17th 1939, at 12:50P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1938, to Jun. 17 1939, and that I last saw him alive on June 17th 1939

Immediate cause of death General paralysis of the insane — Duration

Due to Lues

Due to

Other conditions ----

(Include pregnancy within 3 months of death)

Major findings:

Of operations -----

Of autopsy ------

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ------

(b) Date of occurrence ------

(c) Where did injury occur? ------- (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? -------- (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Crownwville, Md. Date signed 6/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05684

1. PLACE OF DEATH (121)

County A.A. WITHIN CORPORATE LIMITS Registration Dist. No. 21

Village or City Annapolis Md. No. Emergency Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris E. Cullember

(a) Residence: No. Birdsville Md. St., Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Cullember

6. DATE OF BIRTH (month, day, and year) July 26 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME James W. Cullember

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Margaret Ward

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Minnie Cullember
(Address) Birdsville Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date June 4, 1939

19. UNDERTAKER B. L. Hopping
(Address) Annapolis, Maryland.

20. FILED 6 2, 1939 J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1939, to June 2, 1939

I last saw h... alive on June 2, 1939; death is said to have occurred on the date stated above, at 1:30a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
General peritonitis	May 21 1939
Other Contributory Causes of Importance:	
Ruptured gangrenous appendicitis	5/21/39

Name of operation Laparotamy Date of 5/21/39

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) F. Willis Martin M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05685

(34)

1. PLACE OF DEATH

County A.A. Registration Dist. No. 4

Village or City Annapolis Emergency Hospital No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence M, Davis If U. S. Veteran, specify WAR

(a) Residence: No. Shadyside, Md. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FeM.	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ########

6. DATE OF BIRTH (month, day, and year) Feb. 26 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	8	

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceesed last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Shadyside Md
(State or country)

FATHER

13. NAME Mc. Call Davis

14. BIRTHPLACE (city or town) Shadyside,
(State or country)

MOTHER

15. MAIDEN NAME Madaline Johnson

16. BIRTHPLACE (city or town) Drury Md.
(State or country)

17. INFORMANT Mc. Call Davis
(Address) Shadyside Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Drury Md. Date June 5 1939

19. UNDERTAKER J. B. Johnson
(Address) Annapolis

20. FILED 6-5, 1939 J. J. Murphy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 4 1939 (Month) (Day), 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1939, to June 4, 1939

I last saw her alive on 11 Am, 1939; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. Linhardt M. D.

(Address) Eastport - Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93c)

Reg. Dist. No. 21

05686

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 das

(e) Length of stay in this community (yrs., mos., or days) ----

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore City

(c) City or town 834 Cloney Alley (If outside city or town limits, write RURAL and give town)

(d) Street No. Unknown (If rural give location)

(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME GEORGE DAVIS

3 (b) If veteran, name war ----

3 (c) Social Security No. ------

4. Sex male

5. Color or race black

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife ----------

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 67 Months Unknown Days If less than one day ____ hr. ____ min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Unknown

11. Industry or business Unknown

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 6th 39 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto Md.

18 (a) Funeral director Mrs George Holland.

(b) Address 1631. Drina Hall Ave Balto Md

19 (a) June 6/9 (Date rec'd by registrar) (b) E F Joyce DL Registrar

MEDICAL CERTIFICATION

20. Date of death June 3rd 1939, at 6:30P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1939, to June 3 1939, and that I last saw him alive on June 3 1939.

Immediate cause of death Chronic myocarditis

Due to Pernicious anemia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations -------

Of autopsy -----

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide -----

(b) Date of occurrence -----

(c) Where did injury occur? ----- (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ---------- (Specify type of place) While at work? ----

(e) Means of injury

23. Signature [signature] M. D. or other

Address Crownsville, Md. Date signed 6/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 5 1939
BUREAU V. S.

05687

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 20

Village or City Harwood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Etta Diggs If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 5. 1936.

7. AGE Years 2 Months 7 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington (State or country) D.C.

FATHER

13. NAME Oliver W. Diggs

14. BIRTHPLACE (city or town) Washington (State or country) D.C.

MOTHER

15. MAIDEN NAME Mary F Calvert

16. BIRTHPLACE (city or town) (State or country) A. A. Co

17. INFORMANT Mary F Diggs (Address) Harwood, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Harwood Date 6/14, 1939

19. UNDERTAKER T. A Hardesty + Son (Address) Galesville, Md.

20. FILED 6/13, 1939 W. R. Clayton Dep Med Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 12 (Day), 1939 (Year).

22. I HEREBY CERTIFY, That I attended deceased from Post mortem exam, 19 to 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 4.00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Convulsions	6/12/39

Other Contributory Causes of importance: No previous sickness

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify

(Signed) John M. Claffy M. D.

(Address) Dep. Medical Examiner Annapolis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 8 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05688

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County A. A. Registration Dist. No. 21

Village or City Parole No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Dowell If U. S. Veteran, specify WAR

(a) Residence: No. Parole St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9th 1939

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parole (State or country) A. A.

FATHER

13. NAME John Hall.

14. BIRTHPLACE (city or town) Davidsonville (State or country)

MOTHER

15. MAIDEN NAME Etta Dowell.

16. BIRTHPLACE (city or town) Parole (State or country)

17. INFORMANT Etta Dowell (Address) Parole.

18. BURIAL, CREMATION, OR REMOVAL Place Brewer Hill Date , 19

19. UNDERTAKER J. B. Johnson (Address) Annapolis

20. FILED June 12, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 9, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1939 to June 9, 1939

I last saw him alive on ; death is said to have occurred on the date stated above, at 10:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still Birth (Premature)	

Other Contributory Causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. H. Richardson M. D.

(Address) 1-0 — Clay St, Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Anne Arundel

City or town McKendree

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town McKendree Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Ennis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	B	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-23-39 Stillborn

8. AGE: Years | Months | Days | If less than one day ___hrs. ___min.

9. Birthplace McKendree Anne Arundel Co. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Charles Ennis

13. Birthplace Md

MOTHER 14. Maiden name Edith Holt

15. Birthplace Maryland

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-23-39 (month) (day) (year)

Cemetery or crematory

Location Miss Rosa Courtney's farm.

18. Funeral director

Address

19. Apr 24 1940 Edw Collinson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___19___, to ___19___, and that I last saw h___alive on ___19___.

Immediate cause of death

Due to Still born

Due to Miss carriage 5 mo

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Emily H. Wilson M.D.

M. D. or other

Address Lothian, Md. Date signed 4/22/40

Drafted - from April 1940.
8/15/40

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MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05689

(M)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (186a)

County Anne Arundel — Registration Dist. No. 21

Village or City Annapolis — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Louis Evans — If U. S. Veteran, specify WAR ____

(a) Residence: No. 14 Resident St. St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Estel Evans

6. DATE OF BIRTH (month, day, end year) May-2-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	31	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Annapolis (State or country) Md.

FATHER

13. NAME Frank Evans

14. BIRTHPLACE (city or town) ____ (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Holland

16. BIRTHPLACE (city or town) ____ (State or country) Md.

17. INFORMANT Frank Evans (Address) 197 Clay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dewitt — Date 5/6, 1939

19. UNDERTAKER Samuel W. Sullivan & Co. (Address) 718 Dolphin St. Baltimore Md.

20. FILED 6-6, 1939 — ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 3 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 8:30 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Def. arachnoid hemorrhage due to fractured skull	Date of fracture
Other **Contributory Causes** of importance: Edema + congestion of Brain + lungs	

Name of operation ____ Date of ____

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury 6/3, 1939

Where did injury occur? Annapolis Roads Beach Blvd a.a. County (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Fall

Nature of Injury Fracture of Skull + Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) John M. Craster M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. W. J. Mulders

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05690

STATE OF MARYLAND—CERTIFICATE OF DEATH

(59)

1. PLACE OF DEATH

County: A. A. Co., Md. Registration Dist. No. 21

Village or City: Annapolis Neck No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Flora Foster If U. S. Veteran, specify WAR

(a) Residence: No. Annapolis Neck St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Foster

6. DATE OF BIRTH (month, day, and year): June 15-1885

7. AGE: Years 54 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupatinn (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West River A. A. Co. Md.

FATHER

13. NAME: Charles Brown

14. BIRTHPLACE (city or town) (State or country): West River A. A. Co. Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Annie Williams Annapolis Neck A. A. Co.

18. BURIAL, CREMATION, OR REMOVAL Place: Annapolis Neck Date: July 3, 1939

19. UNDERTAKER (Address): Chas E Hickson Annapolis Md.

20. FILED: 7 3, 1939 J J Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 30th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1939, to June 30th, 1939

I last saw her alive on June 29th, 1939; death is said to have occurred on the date stated above, at 10 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1938

Other Contributory Causes of importance:

Acute Nephritis	June 1st
Myocarditis	June 15
Anasarca	"

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. T. Russell M. D.

(Address) Eastport, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 4 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05691

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (130)

County Anne Arundel — Registration Dist. No. 21

Village or City South River — No. County Home — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. — How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cordelia Bettie Garrett — If U. S. Veteran, specify WAR

(a) Residence: No. County home South River St., Ward Arnold, Md.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 81				

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Nora Stainback
(Address) R.F.D. Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore, Md. Date June 8, 19 39

19. UNDERTAKER John M. Taylor
(Address) Annapolis, Md.

20. FILED June 8, 19 39 J. J. Murphy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 6 (Dey), 193 9 (Year)

22. I HEREBY CERTIFY, that I attended deceased from June 1, 19 39, to June 6, 19 39

I last saw h[illegible] alive on June 6, 19 39; deeth is said to have occurred on the date stated above, at 10 [illegible] m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Senility	1935
Dther Contributory Causes of importance:	
Acute Nephritis (Cause) Unknown	June 6 1939

Neme of operation None — Date of —

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Wes diseese or injury in any wey related to occupation of deceased? No

If so, specify

(Signed) Albert Henderson M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05692

STATE OF MARYLAND—CERTIFICATE OF DEATH

(183)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Carrollton Manor No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daeth occurrad 0 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Gebelein If U. S. Veteran, specify WAR

(a) Residence: No. 420 E. 31st. Baltimore Ward. Baltimore Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jany. 23, 1935

7. AGE Years 4 Months 4 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Data deceasad last workad at this occupation (month and yaar) none

11. Total tima (years) spant in this occupation none

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

FATHER

13. NAME Andrew Gebelein

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Rosalie Mueller

16. BIRTHPLACE (city or town) Germany. (State or country)

17. INFORMANT William J. Franz (Addrass) 3202 Westeria Ave. Balto

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cem. Place ~~Moreland Memorial Park~~ 20th, 1939

19. UNDERTAKER William Cook (Addrass) 1217 St Paul St

20. FILED 6-17, 1939 L. A. Bret Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 17, 1939. (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended daceased from , 19 , to , 19

I last saw h aliva on , 19 ; death is said to have occurred on the date stated above, et m.

The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: Date of onset

There was no boat involved. C.W.G.R.

Accidental drowning.

Child was wading alone, in river. Apparently fell into water and could not get up. Drowned, before being discovered.

Other Contributory Causes of Importance:

Cramps from undigested food

Neme of operetion none Date of —

What test confirmed diegnosis? none Was there en autopsy? no

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accidental Deta of injury 6/17, 1939

Where did injury occur? Severn River Carrollton Manor (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Accidental drowning.

Nature of injury —

24. Was disaase or injury in eny wey related to occupation of decaased? no

If so, spacify

(Signed) John M. Clapp Dep. Med. Exam. M. D.

(Address) Annapolis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05693

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted], WITH UNFADING INK—THIS IS A PERMANENT RECO[redacted]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 20

Village or City Owensville, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Angelica A. Gibson If U. S. Veteran, specify WAR

(a) Residence: No. West Rivd Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word)
female	white	single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and yeer) May 18 1851

7. AGE Years	Months	Oeys	If LESS than 1 day, hrs. or min.
88		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceesed last worked at this occupetion (month end yeer)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (Stete or country) Md

FATHER

13. NAME Charles C Gibson

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Priscilla C Butler

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs A Murray (Address) West River Md

18. BURIAL, CREMATION, OR REMOVAL Place Christ Church Date 6/11 1939

19. UNDERTAKER J. A. Hardesty & Son (Address) Eglesville Md

20. FILED 6/10 1939 W. R. Clayton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 9 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 28 1939, to June 9 1939

I last saw h[redacted]ive on June 9 1939; death is said to have occurred on the date stated above, at 8:40 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:

	Date of onset
Cerebral Hemorrhage	

Other Contributory Causes of importence:

hypertension
arteriosclerosis -

Name of operetion Date of

What test confirmed diagnosis? Was there an autopsy?

23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Was disease or Injury in any way releted to occupation of deceesed? no

If so, specify

(Signed) Emily H. Larkam M. D.

(Address) Lothian Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05694

STATE OF MARYLAND—CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 20

Village or City Lothian Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME (Infant) Griffin If U. S. Veteran, specify WAR

(a) Residence: No. Lothian Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE negro

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none -

6. DATE OF BIRTH (month, day, and year) June 29, 1939

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none -

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lothian, Md. (State or country)

FATHER

13. NAME Louis Griffin

14. BIRTHPLACE (city or town) A-A. County - (State or country)

MOTHER

15. MAIDEN NAME Florence Smith

16. BIRTHPLACE (city or town) A-A. County - (State or country)

17. INFORMANT ~~Mother~~ Florence Griffin (Address) Lothian. Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date 6/30, 1939

19. UNDERTAKER Wm Brown (Address) Lothian, Md.

20. FILED 6/30, 1939 W. R. Claytor Dep Mal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 29, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1939 to June 29, 1939

I last saw her alive on not at all, 19; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Partial placenta previa	
premature separation	
transverse position	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emily H. Wilson, M. D.

(Address) Lothian.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05695

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Anne Arundel (18) Registration Dist. No.

Village or City Mayo No. Carr's Wharf St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Hall If U.S. Veteran specify WAR

(a) Residence: No. Hyattsville Maryland St., Ward. Hyattsville Md

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	negro	married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Kemp Hall

6. DATE OF BIRTH (month, day, and year) July 16 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	31	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Building construction

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bowie (State or country) Md

FATHER

13. NAME Charles W. Hall

14. BIRTHPLACE (city or town) Bowie (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Anderson

16. BIRTHPLACE (city or town) New Jersey (State or country)

17. INFORMANT Helen K. Hall (Address) Melrose Park, Hyattsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bowie Md. Date June 10, 1939

19. UNDERTAKER T. A. Hardesty & Son (Address) Galesville Md.

20. FILED June 7, 1939 Edw Collinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 6 (Day), 1939 (Year).

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw him alive on ____, 19____; death is said to have occurred on the date stated above, at 12.00 Noon

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Accidental	
drowning	
while crabbing in Rhodes River	

Other **Contributory Causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/6/39

Where did injury occur? Carr's Wharf Rhodes River (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. public place

Manner of injury drowning (not able to swim)

Nature of injury slipped in 10 ft of water.

24. Was disease or injury in any wey related to occupation of deceased? No

If so, specify

(Signed) John M. Claffy. Med. Exam. M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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JUL 6 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83)

Reg. Dist. No. 21

05696

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 das

(e) Length of stay in this community (yrs., mos., or days) ---

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore City

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1110 Parrish Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME JOSEPH HENDERSON

3 (b) If veteran, name war ----

3 (c) Social Security No. ------

4. Sex male

5. Color or race black

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife ------

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889 ?

8. AGE: Years 50? Months Unknown Days If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Unknown

11. Industry or business ------

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) ____ (Burial, ~~cremation, or removal~~) (b) Date thereof 6-23-9 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Hospital

Location Crownsville Md

18 (a) Funeral director Supt

(b) Address Crownsville

19 (a) 6/23-9 (Date rec'd by registrar) (b) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. Date of death June 14th 1939, at 1:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1939, to June 14 1939, and that I last saw him alive on June 14th 1939.

Immediate cause of death General paralysis of the insane

Due to Lues

Due to

Other conditions -------

(Include pregnancy within 3 months of death)

Major findings:

Of operations -----

Of autopsy ------

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ------

(b) Date of occurrence -----

(c) Where did injury occur? ------ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ---- (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Crownsville, Md. Date signed 6/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83) Reg. Dist. No. 3/

CERTIFICATE OF DEATH

05697

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore City

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1919 McCulloh Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ------ years

3 (a) **FULL NAME** James A. Henson

3 (b) If veteran, name war ------

3 (c) Social Security No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Laura Henson

6. (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 1894 (?)

8. AGE: Years	Months	Days	If less than one day
45 (?)	Unknown		------hr. ------min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Unknown

11. Industry or business -----

FATHER 12. Name James Henson

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden Name Laura (Unknown)

MOTHER 15. Birthplace Unknown

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-39 (month) (day) (year)

(c) Cemetery or crematory [illegible]

Location [illegible]

18 (a) Funeral director Sam'l W. Chase & Son

(b) Address 638 N. Belnord Ave. Balto. Md.

19 (a) 6/10-9 (Date rec'd by registrar) (b) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. Date of death June 10th 19 39, at 1:00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 19 39, to June 10 9 39, and that I last saw him alive on June 10 19 39.

Immediate cause of death	Duration
General Paralysis of the Insane	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations -------

Of autopsy -------

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide -----

(b) Date of occurrence -------

(c) Where did injury occur? ------- (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ------- (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D. or other

Address Crownsville, Md. Date signed 6/10/39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-c)

Reg. Dist. No. 21

05698

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 1 mo. 16 das

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore City

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Unknown (If rural give location)

(e) If foreign born, how long in U. S. A.? ten years

3 (a) FULL NAME EGBERT HERON

3 (b) If veteran, name war ----- 3 (c) Social Security No. -----

4. Sex male 5. Color or race black 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife --------

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 34 Months Unknown Days If less than one day ____ hr. ____ min.

9. Birthplace West Indies (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business -----

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Dianah Murray

15. Birthplace West Indies

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Auburn Cem.

Location Baltimore, Md

18 (a) Funeral director Katie R. Williams

(b) Address Baltimore, Md

19 (a) 6/25-9 (Date rec'd by registrar) (b) E. F. Joyce DL Registrar

MEDICAL CERTIFICATION

20. Date of death June 23rd 1939, at 4L15P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7th 1938, to June 23 1939, and that I last saw him alive on Jun. 23 1939.

Immediate cause of death: Chronic myocarditis

Due to

Due to

Other conditions Schizophrenia - paranoid type (Include pregnancy within 3 months of death)

Major findings: -----

Of operations

Of autopsy ------

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ------

(b) Date of occurrence --------

(c) Where did injury occur? ----- (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ------ (Specify type of place) While at work?

(e) Means of injury ---

23. Signature [signature] M. D. or other

Address Crownsville, Md. Date signed 6/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05699

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Anne Arundel (183) Registration Dist. No. 20.

Village or City Beverley Beach nr Mayo St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Woodrow Hicks

(a) Residence: No. Avalon Shores near St. Shady Side Ward. Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5e. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Wildman

6. DATE OF BIRTH (month, day, and year) Sept. 19, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bethal Ice Cream Co Truck Dr.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Dept.

10. Date deceased last worked at this occupation (month and year) 6/16/39

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Lawrenceburg Tenn.

FATHER

13. NAME Jesse C. Hicks

14. BIRTHPLACE (city or town) (State or country) Barnesville Tenn

MOTHER

15. MAIDEN NAME Edda Burleson

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Theodore R. Hicks

(Address) 614 Summerset St. N.W.

18. BURIAL, CREMATION, OR REMOVAL Place Hyattsville Md Date June 17, 1939

19. UNDERTAKER J. Gaschi Sons

(Address) Hyattsville Md

20. FILED June 17, 1939 Carrie J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 16 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... aliva on ..., 19...; death is said to have occurred on the data stated abova, at Exact time not known

The PRINCIPAL CAUSE OF DEATH and related causas of importence were as follows:

	Date of onset
Accidental Drowning	6/16/39

Other Contributory Causes of importance:

Swimming near Beverley Beach A.A.Co. Md

Name of operation None Data of ...

Whet test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? accident Date of injury 6/16, 1939

Whare did injury occur? Beverley Beach Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Chesapeake Bay

Manner of Injury Drowning while swimming in rough sea.

Netura of Injury Drowning

24. Was disease or injury in any wey related to occupation of deceased? No

If so, specify ...

(Signed) John M. Claffy Dep. Medical Exam. M. D.

(Address) Annapolis Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JUN 29 1939
BUREAU OF V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05700

STATE OF MARYLAND—CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH (93C)

County Anne Arundel Registration Dist. No. 4

Village or City Annapolis No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Hopkins If U. S. Veteran, specify WAR

(a) Residence: No. Clay St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hopkins

6. DATE OF BIRTH (month, day, and year) Nov. 28 - 1907

7. AGE Years 31 32 Months 6 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Easton (State or country) Maryland

FATHER

13. NAME Martin Reikes

14. BIRTHPLACE (city or town) Easton (State or country) Md

MOTHER

15. MAIDEN NAME Ella Reikes

16. BIRTHPLACE (city or town) Easton (State or country) Md

17. INFORMANT Henry Hopkins (Address) Clay St. Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL Place Burr Hill Date June 26 1939

19. UNDERTAKER Chas E Hickory (Address) Annapolis Md.

20. FILED 6-24, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h Post-mortem exam: alive on , 19 ; death is said to have occurred on the date stated above, at 6.15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocardial failure	6/22/39
Other Contributory Causes of importance:	
Chronic Myocarditis	1938

Name of operation no Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John M. Claffey Dep. medical examiner M. D.

(Address) Annapolis. Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1924*
Cerebral hemorrhage	*July 5 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05701

STATE OF MARYLAND—CERTIFICATE OF DEATH

(192)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Ft. Margarets No. near Deep Creek St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Jendrek If U. S. Veteran, specify WAR

(a) Residence: No. 5217 Windsor Mill Road St., Ward. Baltimore Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Jendrek

6. DATE OF BIRTH (month, day, and year) 10-26-1904

7. AGE Years 34 About 35 Months 7 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. machinist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Glass factory

10. Date deceased last worked at this occupation (month and year) June 17, 1939

11. Total time (years) spent in this occupation 9 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Jendrek

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Jane Carroll

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Estelle Jendrek (Address) 5217 Windsor Mill Road

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Date 6-21-39 19

19. UNDERTAKER Leonard J. Ruck (Address) 5305 Harford Rd. Balto Md

20. FILED 6-19, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post Mortem exam, 19, to, 19

I last saw h alive on, 19; death is said to have occurred on the date stated above, at VA m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fracture of skull	6/18/39

Other Contributory Causes of importance:

Struck by lightening

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury 6/18, 1939

Where did Injury occur? Magothy River (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Bolt of lightening

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John M. Claffy Dep. Med. Examiner M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Authorization to add information see letter filed in permanent file under Claffy. 7/6/29.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05702

1. PLACE OF DEATH

County Anne Arundel — Registration Dist. No. 21

Village or City Annapolis — No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth G. Joyce — If U. S. Veteran, specify WAR ...

(a) Residence: No. Joyce Station, A.A.Co. Md. St., Ward. ... WITHIN CORPORATE LIMITS OF

(Usual place of abode) — If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Cyrus N. Joyce

6. DATE OF BIRTH (month, dey, and year) Oct. 18, 1876

7. AGE	Years	Months	Deys	If LESS then 1 dey, ... hrs. or ... min.
	62	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked et this occupetion (month and yeer) ... 11. Total time (yeers) spent in this occupation ...

12. BIRTHPLACE (city or town) A. A. Co. (State or country) Md.

FATHER

13. NAME Horace Tydings

14. BIRTHPLACE (city or town) A. A. Co. (Steta or country) Md.

MOTHER

15. MAIDEN NAME Jennie Williams

16. BIRTHPLACE (city or town) A. A. Co. (Stete or country) Md.

17. INFORMANT Cycus N. Joyce (Address) Joyce Station, A.A.Co. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md. Dete 25 June 19 39

19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.

20. FILED 6 23 19 39 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 23 (Dey), 1939 (Year)

22. I HEREBY CERTIFY, That I ettended deceased from 6-15, 1939, to 6-23, 1939

I lest saw h[er] alive on June 23, 1939; deeth is seid to heve occurred on the dete stated ebove, et 6 P.M.

The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:

	Date of onset
Carcinoma Rectum	Indefinite
Metastasis to Liver	

Other Contributory Causes of importence:

Arteriosclerosis	Indefinite

Neme of operation Resection of Rectum Colostomy Date of 6-19-39

Whet test confirmed diegnosis? Lab. Was there an autopsy?

23. If death wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Neture of injury ...

24. Was diseese or injury in eny way releted to occupation of deceesed? No

If so, specify ...

(Signed) George C. Bosel M. D.

(Address) Glenburnie

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05703

1. PLACE OF DEATH (167)

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Atlee Kashner If U. S. Veteran, specify WAR

(a) Residence: No. 95 Charles St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Flora Mary Kashner

6. DATE OF BIRTH (month, day, and year) Nov. 1, 1889.

7. AGE Years 49 Months 7 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Supt. of C. at one time

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Life Insurance

10. Date deceased last worked at this occupation (month and year) July 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) near Robinsons Sta. A A Co (State or country) Maryland

FATHER

13. NAME Perry Kashner

14. BIRTHPLACE (city or town) Youngstown (State or country) Ohio.

MOTHER

15. MAIDEN NAME Blanche Doyle

16. BIRTHPLACE (city or town) Youngstown (State or country) Ohio

17. INFORMANT Mrs. Flora M. Kashner (Address) 95 Charles St. Annapolis

18. BURIAL, CREMATION, OR REMOVAL Place St Anne's Annapolis Md. Date June 15, 1939

19. UNDERTAKER B. L. Hopping (Address) Annapolis Md.

20. FILED 6-15, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Suicide by bullet wound in head from pistol.	6/13/39

Other Contributory Causes of Importance:

Name of operation none Date of

What last confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 6/13, 1939

Where did injury occur? at home in Annapolis (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. None

Manner of injury self inflicted bullet wound

Nature of injury in head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Clafty Dep. med. Exam. M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05764

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City off Eastport Md. No. on boat in Harbor St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Levin Pertiman Kelly

(a) Residence: No. 520 Third St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Anna Kelly

6. DATE OF BIRTH (month, day, and year): April 6th 1866

7. AGE: Years 73 | Months 2 | Days 4 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Captain of

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Schooner

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dames Quarter Md.

FATHER

13. NAME: William T. Kelly

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Edward H. Kelly 520 Third St. Eastport Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Annapolis Md. Date: June 12, 1939

19. UNDERTAKER (Address): John W. Taylor Annapolis Md.

20. FILED: 6-12, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1939, to June 9, 1939

I last saw him alive on June 9, 1939; death is said to have occurred on the date stated above, at 5:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-9-39
Hypertensive C.V.R. disease	

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) E. Linhardt M. D.

(Address) Eastport Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 21

05705

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos. 17 das

(e) Length of stay in this community (yrs., mos., or days) ---

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County St. Mary's

(c) City or town Charlotte Hall (If outside city or town limits, write RURAL and give town)

(d) Street No. Unknown (If rural give location)

(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME BENJAMIN KEY

3 (b) If veteran, name war ----

3 (c) Social Security No. -------

4. Sex male

5. Color or race black

6 (a) Single, married, widowed, or divorced. separated

6 (b) Name of husband or wife Unknown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 41 Months Unknown Days If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business ----

FATHER

12. Name Robert Key

13. Birthplace Maryland

MOTHER

14. Maiden Name Mary Curtis

15. Birthplace Maryland

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-39 (month) (day) (year)

(c) Cemetery or crematory St. Joseph's

Location Morganza, St Mary's City Md.

18 (a) Funeral director P. B. Robinson

(b) Address Leonardtown, Md

19 (a) 6/17-39 (Date rec'd by registrar) (b) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. Date of death June 17th 1939 at 7:45A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1938, to Jun. 17 1939, and that I last saw him alive on Jun. 17 1939.

Immediate cause of death General paralysis of the insane

Due to Lues

Due to

Other conditions ------

(Include pregnancy within 3 months of death)

Major findings: -----

Of operations

Of autopsy ------

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide -----

(b) Date of occurrence ------

(c) Where did injury occur? ------ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ------- (Specify type of place) While at work?

(e) Means of injury ----

23. Signature [signature] M. D. ~~or other~~

Address Crownsville, Md. Date signed 6/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

05706

1. PLACE OF DEATH (57)

County ANNE ARUNDEL Registration Dist. No. 21

Village or City ANNAPOLIS No. EMERGENCY HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ERNEST A. MACE If U. S. Veteran, specify WAR

(a) Residence: No. 104 PRINCE GEORGE ST. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	SINGLE

5a. If married, widowad, or divorcad
HUSBAND of
(or) WIFE of NONE

6. DATE OF BIRTH (month, day, and year) 1871, APRIL 17

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. FISH MERCHANT

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ANNAPOLIS
(State or country) MD

FATHER

13. NAME JAMES H. MACE

14. BIRTHPLACE (city or town) ANNAPOLIS
(State or country) MD

MOTHER

15. MAIDEN NAME MARGARET E. MACE

16. BIRTHPLACE (city or town) A.A.CO.
(State or country) MD.

17. INFORMANT CHARLES B. MACE
(Address) ANNAPOLIS, MD.

18. BURIAL, CREMATION, OR REMOVAL
Place ANNAPOLIS, MD. Date JULY 1, 1939

19. UNDERTAKER ROBERT F. SUITE
(Address) ANNAPOLIS, MD.

20. FILED 6-30, 1939 J. J. Murphy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1939, to June 29, 1939

I last saw h- alive on June 29, 1939; death is said to have occurred on the date stated above, at 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene rt. foot	April 1939
Diabetes Mellitus	unknown

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation Amputation rt. leg Date of 6-27-39

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George C. Beal M. D.

(Address) Annapolis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05707

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

(137)

County A. A. Registration Dist. No. 21

Village or City Annapolis No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Alfred Messick

(a) Residence: No. 200 Washington St Eastport St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ellen Messick

6. DATE OF BIRTH (month, day, and year): May 5 1875

7. AGE: Years 64 Months 1 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): May 1939

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Cambridge Md

FATHER

13. NAME: Louis A Messick

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mollie Thomas

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mary E Messick

(Address) 200 Washington St Eastport Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Edwards Chapel Date: June 27, 1939

19. UNDERTAKER: B. L. Hopkins

(Address) Annapolis Md

20. FILED: 6 27, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1 1939, to June 24, 1939

I last saw him alive on June 24, 1939; death is said to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Acute Dilatation of Heart	June 24
Benign prostatic enlargement. C.W.G.R.	
Duration: several years.	

Other Contributory Causes of Importance:

Atlas Sclerosis

Name of operation: Prostatectomy Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George C Basil M. O.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05708

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Crownsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Christine Moore If U. S. Veteran, specify WAR

(a) Residence: No. 234 N. Gilmore St., St., Ward. Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Black	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: --

6. DATE OF BIRTH (month, day, and year): 10/29/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: none

10. Data deceased last worked at this occupation (month and year): --

11. Total time (years) spent in this occupation: --

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Moore

14. BIRTHPLACE (city or town) unknown (State or country) "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country) "

17. INFORMANT (Address) Hospital Records Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Port Auburn Cemetery Date 6/12/39

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Pennsylvania Ave. Baltimore, Md.

20. FILED 6/10/39 E. F. Joyce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8/6, 1939 to 6/9, 1939

I last saw her alive on 6/9, 1939; death is said to have occurred on the date stated above, at 2:06 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	6/3/39
Other Contributory Causes of importance: Congenital cerebral spinal lues	

Name of operation: none Date of: --

What test confirmed diagnosis? -- Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? -- Date of injury -- , 19--

Where did injury occur? --

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

--

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gustave K. Bouchert M. D.

(Address) Crownsville, Maryland

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05709

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (115-E)

County Anne Arundel Registration Dist. No. 20

Village or City Greenock Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME (Infant?) Moreland If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, end year): May 16 1939

7. AGE: Years | Months | Days: 25 | If LESS than 1 dey, hrs. or min.

OCCUPATION

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked et this occupation (month end year)

11. Totel time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Greenock Md

FATHER

13. NAME: Hilary Moreland

14. BIRTHPLACE (city or town) (State or country): Greenock Md

MOTHER

15. MAIDEN NAME: Lillie C. Griffith

16. BIRTHPLACE (city or town) (Stete or country): Greenock Md

17. INFORMANT (Address): Hillary Moreland Greenock Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Dete 6/11, 1939

19. UNDERTAKER (Address): Robert Wood Freindship Md

20. FILED 6/10, 1939 W. P. Clayton Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 10 (Dey), 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceesed from June 1, 1939, to June 10, 1939

I last sew him elive on June 9, 1939; death is seld to have occurred on the dete stated ebove, at 10-30 A.m.

The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:

	Date of onset
Stomatitis Aphthosa	June 1st 1939

Other Contributory Canses of importance:

Neme of operetion Date of

What test confirmed diagnosis? Wes there en eulopsy?

23. If death was due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of Injury

24. Wes disease or injury in any wey related to occupation of deceased?

If so, specify

(Signed) Reverdy Sasscer M. D.

(Address) Upper Marlboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted], WITH UNFADING INK—THIS IS A PERMANENT RECO[redacted]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 261

05710

CERTIFICATE OF DEATH

(97)

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 das.

(e) Length of stay in this community (yrs., mos., or days) ---

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Worcester

(c) City or town Pocomoke City (If outside city or town limits, write RURAL and give town)

(d) Street No. 6th Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME WILLIAM NIMMO

3 (b) If veteran, name war ----

3 (c) Social Security No. ----

4. Sex male

5. Color or race black

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Bessie Nimmo

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 56 Months Unknown Days If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business -----

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) Pocomoke (Burial, cremation, or removal) (b) Date thereof June 16 1939 (month) (day) (year)

(c) Cemetery or crematory Union ville

Location Pocomoke City Md

18 (a) Funeral director Chas H Ward

(b) Address Marion Md

19 (a) 6/15/39 (Date rec'd by registrar) (b) Emilie B Fawson Registrar

MEDICAL CERTIFICATION

20. Date of death June 14th 1939, at 12:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7th 1939, to June 14 1939 and that I last saw him alive on June 14 1939.

Immediate cause of death General arteriosclerosis

Due to

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations -----

Of autopsy ----

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide -------

(b) Date of occurrence -----

(c) Where did injury occur? ------ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ------ (Specify type of place) While at work?

(e) Means of injury -----

23. Signature [signature] M.D. or other

Address Crownsville, Md Date signed 6/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 1 1939
BUREAU V. S.

05711

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Ca. Ca. Co. Registration Dist. No. 21

Village or City: Camp Parole Md. No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Louise Offer If U. S. Veteran, specify WAR ____

(a) Residence: No. Camp Parole St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Offer

6. DATE OF BIRTH (month, day, and year): March 10 1872

7. AGE: Years 67 | Months 3 | Days 10 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Ca. Ca. Co. Md.

FATHER

13. NAME: Brown

14. BIRTHPLACE (city or town) (State or country): Ca. Ca. Co. Md.

MOTHER

15. MAIDEN NAME: Percellia Tucker

16. BIRTHPLACE (city or town) (State or country): Ca. Ca. Co. Md.

17. INFORMANT (Address): Sarah Wright Camp Parole Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bruns Hill Date: June 25, 1939

19. UNDERTAKER (Address): Chas E Hicks Jr. Annapolis Md.

20. FILED: 6-24, 1939. J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 20 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to June 20, 1939

I last saw her alive on June 20, 1939; death is said to have occurred on the date stated above, at 12:25 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	6/12/39

Other Contributory Causes of Importance:

Senility	Jan 1939

Name of operation: none Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Albert L. Anderson M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family; cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (213-d)

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

Reg. Dist. No. 05712

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County ANNE ARUNDEL.

City or town Annapolis.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
U.S.S. REINA MERCEDES.

Stay in hospital or inst. (yrs., or mos., or days) None.

Stay in this community (yrs., or mos., or days) 1 month 28 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Alabama County Not known

City or town Borden Springs. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. None.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Benjiman Wyly PARKER

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) February 10, 1900.

8. AGE:

Years	Months	Days	If less than one day
39	4	12	____ hrs. ____ min.

9. Birthplace Town & County unknown, Alabama.
(Town, county, and state)

10. Usual occupation Machinist Mate U.S. Navy.

11. Industry or business None.

FATHER
12. Name Samuel Taylor Parker
13. Birthplace Not known.

MOTHER
14. Maiden name Not known
15. Birthplace Not known

16. Informant M. Moore, Lt-Comdr., USN.
Address U.S.S. REINA MERCEDES.

17. Burial Date thereof June 26-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bordensprings

Location alabama

18. Funeral director B. L. Hopping

Address annapolis, Md.

19. 6 26 19 39 J. J. Murphy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 June, 19 39, at 10:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from none 19 ____ to ____ 19 ____, and that I last saw him alive on 22 June, 1939. 19 ____

Immediate cause of death Drowning.

DURATION

Due to Fall from ship overboard.

Due to --

Other conditions None.

(Include pregnancy within 3 months of death)

Major findings: Of operations None.

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident. Date of 6-22-39

Where did injury occur? Annapolis, Anne Ar. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Fell overboard from ship.

Means of injury Drowning Injured at work? No.

M. H. Goodwin

23. SIGNATURE M.H. GOODWIN, Lt. (jg) (MC), USN.
M. D. or other

Address U.S.S. REINA MERCEDES Date signed 6-23-39

VS-A16

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JUL 5 1909
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05713

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (131)

County A. A. Co. Registration Dist. No. 2

Village or City Annapolis No. 57 Taylor St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Parker

(a) Residence: No. 57 Taylor St., Ward. WITHIN CORPORATE LIMITS

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archie Parker

6. DATE OF BIRTH (month, day, and year) Nov-22-1896

7. AGE Years	Months	Days	It LESS than 1 day, ... hrs. or ... min.
42.	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West River (State or country) A. A. Co. Md.

FATHER

13. NAME Richard Mount

14. BIRTHPLACE (city or town) West River (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Hicks

16. BIRTHPLACE (city or town) West River (State or country) A. A. Co. Md.

17. INFORMANT Archie Parker (Address) 57 Taylor St.

18. BURIAL, CREMATION, OR REMOVAL Place Bowen's Field Date June 28, 1939

19. UNDERTAKER Chas E. Hicks Jr. (Address) Annapolis. Md.

20. FILED 6 26, 1939 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 25, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from June 1, 1939, to June 25, 1939

I last saw her alive on June 24, 1939; death is said to have occurred on the date stated above, at 6.00 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	June 1 1939
Other **Contributory Causes** of Importance: Uremia	June 23 1939

Name of operation None Date of ... No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury In any way related to occupation of deceased? No

If so, specify

(Signed) Albert L. Anderson M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05714

1. PLACE OF DEATH (59)

County Anne Arundel Registration Dist. No. 21

Village or City South River Beach No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Chester Merrill Reich If U. S. Veteran, specify WAR

(a) Residence: No. 1617 D. St N E. St., Ward. ✓
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence A. ~~Merrill~~ Reich

6. DATE OF BIRTH (month, day, and year): June 24 - 1883

7. AGE: Years 55 | Months 11 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Asst. Finance
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Clerk U. S. Senate
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Parkersburg Ill.

FATHER
13. NAME: Arthur D. Reich
14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER
15. MAIDEN NAME: Elizabeth S. Parker
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): Merrill D. Reich 1617 D. St N. E

18. BURIAL, CREMATION, OR REMOVAL
Place: Arlington Va Date: June 23, 1939

19. UNDERTAKER (Address): S. H. Hines Co 2901-07 14th St. N.W. Washington D.C.

20. FILED: 6-21, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to June 21, 1939
I last saw him alive on June 20, 1939; death is said to have occurred on the date stated above, at 12:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Angina Pectoris
with Coronary Occlusion

Other Contributory Causes of Importance:
Diabetes mellitus
Coronary sclerosis

Name of operation — Date of —

What test confirmed diagnosis? Bloodingan Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: —
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) William A. Ryon M. D.
(Address) 80 New York Ave NW Washington D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JUN 29 1929
BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05715

MARGIN RESERVED FOR BINDING

N. B.—WRITE IN [redacted], WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Anne Arundel (WITHIN CORPORATE LIMITS OF) Registration Dist. No. 21

Village or City Annapolis Md. No. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town whara death occurrad ——yrs.——mos.——ds. How long in U. S. If of foreign birth? ——yrs.——mos.——ds.

2. FULL NAME George Richardson If U. S. Veteran, specify WAR

(a) Residence: No. 124 Calvert St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* tha word)
Male	Col—	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6. DATE OF BIRTH (month, day, and yaar)

7. AGE Yaars	Months	Days	If LESS than 1 day, ——hrs. or ——min.
64	unknown	unknown	

OCCUPATION

8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Caterer

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. — Private

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Annapolis (Stata or country) A A— Co— Md.

FATHER

13. NAME George Richardson

14. BIRTHPLACE (city or town) Annapolis (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) Annapolis (Stata or country) Md.

17. INFORMANT Mrs Hilda Hayes. (Addrass) 124 Calvert St

18. BURIAL, CREMATION, OR REMOVAL Place Brown Hill Cmet Date 7—3—, 19 39

19. UNDERTAKER E. H. B. Parker. (Addrass) 47 Washington St.

20. FILED 7-2-, 19 39 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 30 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 15 1939, to June 1939

I last saw him aliva on June 30 1939; death is said to hava occurrad on the date stated above, at 11.30 a. m.

Tha PRINCIPAL CAUSE OF DEATH and ralated causas of importance wara as follows:

	Date of onset
Psycho Neurosis	Jan 1939
Other Contributory Causes of importance: Malnutrition	Jan 1939

Name of operation None Data of

What tast confirmed diagnosis? Clinical Was there an autopsy? No

23. If daath was due to external causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseasa or injury in any way ralatad to occupation of deceased? No

If so, spacify

(Signad) J. Willis Martin M. D.

(Address) Annapolis, Md.

Dr Martin

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUL 20 1939 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05716

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 23

Village or City Ferndale No. Baltimore Pk St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edrouth U. Ross If U. S. Veteran, specify WAR

(a) Residence: No. Baltimore Pk. Ferndale St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Ross,

6. DATE OF BIRTH (month, day, and year) Oct. 7, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Wife.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Logan

14. BIRTHPLACE (city or town) (State or country) Maryland,

MOTHER

15. MAIDEN NAME Celia A. Lowman

16. BIRTHPLACE (city or town) (State or country) Maryland,

17. INFORMANT Mrs. Chas. Whiteford

Address Baltimore Ave. Ferndale

18. BURIAL, CREMATION, OR REMOVAL

Place Ella Cem. Date June 14, 1939

19. UNDERTAKER Easton Bros.

(Address) Elkridge City Md.

20. FILED June 13, 1939 M. R. DeAlba Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 11 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Heart Failure	6/11/39
Other Contributory Causes of importance: Chronic Heart Disease	For past 2 years or more

Name of operation None Date of

Whet test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of Injury , 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Neture of injury None

24. Was diseese or injury in eny way related to occupation of deceased? No

If so, specify

(Signed) John M. Latty Deputy Med. Exam. M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05717

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residencn in city or town where daeth occurrad ...yrs...mos...ds. How long in U. S. if of foreign birth? ...yrs...mos...ds.

2. FULL NAME William Henry Sherbert

If U. S. Veteran, specify WAR ...

(a) Residence: No. Edgewater Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Rebecca Sherbert

6. DATE OF BIRTH (month, day, and yaer) June 30 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	56	11	14	

OCCUPATION

8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Dete decaasad last workad at this occupetion (month end yaar) 1938 ff. Totat tima (yaars) spent in this occupation ...

12. BIRTHPLACE (city or town) Crownsville (State or country) Md.

FATHER

13. NAME William Sherbert

14. BIRTHPLACE (city or town) Sudley (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Baker

16. BIRTHPLACE (city or town) St. Michaels (State or country) Md.

17. INFORMANT William Stephen Sherbert (Address) Edgewater

18. BURIAL, CREMATION, OR REMOVAL Piece Hope Chapel Date 6/16, 1939

19. UNDERTAKER T. A. Hardesty & Son (Address) Galesville Md.

20. FILED 6-14, 1939 J. M. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH ~~May~~ June (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended daceased from March, 1938, to May 14, 1939

I last saw h...ative on June 14, 1939; death is seid to have occurred on tha data stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

	Date of onset
Coronary Thrombosis	5-14
Hypertension	unknown

Othar Contributory Causes of importance:

Arteriosclerosis	unknown

Neme of operetion ... Oete of ...

What test confirmad diagnosis? ... Was thera an autopsy? No

23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury ...

Netura of injury ...

24. Wes dicease or injury in eny way related to occupation of daceased? No

If so, specify ...

(Signed) George C. Baird M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05718

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (122-B)

County A. A. Co. Registration Dist. No. 21

Village or City Annapolis No. Emergency Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexandria Simms If U. S. Veteran, specify WAR

(a) Residence: No. 24 Clay St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Simms

6. DATE OF BIRTH (month, day, end year): Oct. 15-1880

7. AGE: 59 Years 59 | Months 8 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Labor.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1899

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

FATHER

13. NAME: Benj. Simms

14. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

MOTHER

15. MAIDEN NAME: Virginia Jennings

16. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

17. INFORMANT (Address): Bessie Simms 24 Clay St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Burial Hill Date: June 22, 1939

19. UNDERTAKER (Address): Chas E. Hicks Annapolis Md.

20. FILED: 6-22, 1939 J. J. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 18th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 17th, 1939, to June 18, 1939

I last saw him alive on June 18, 1939; death is said to have occurred on the date stated above, at 12:55 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction involving several ft. of ileum & cecum & portion of ascending colon	June 17/39
Other Contributory Causes of importance:	
Volvulus ileum & cecum	36 hrs

Name of operation: Laparotomy Date of 6/17/39

What test confirmed diagnosis? Operation & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Oliver Purvis M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05719

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (119)

County: Co. Co. Co. Registration Dist. No. 21

Village or City: Annapolis No. 76 Clay St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Margo Smith If U. S. Veteran, specify WAR

(a) Residence: No. 76 Clay St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ___

6. DATE OF BIRTH (month, day, and year): Dec 12-1938

7. AGE: Years ___ Months 6 Days 16 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ___

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ___

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country): Annapolis Md.

FATHER

13. NAME: Waverly Smith

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Hattie Pindell

16. BIRTHPLACE (city or town) (State or country): Annapolis Md.

17. INFORMANT (Address): Waverly Smith 76 Clay St.

18. BURIAL, CREMATION, OR REMOVAL Place: Burr Hill Date: June 24, 1939

19. UNDERTAKER (Address): Chas E. Hicks Jr. Annapolis Md.

20. FILED: 6-24, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 22d, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mch. 15th, 1939, to June 22, 1939

I last saw her alive on June 22d, 1939; death is said to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Inanition + Marasmus	
Gastroenteritis. Duration: six weeks.	
C.W.R.	

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) J. T. Russell M. D.

(Address) Eastport Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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JUL 5 1929
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05720

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (119)

County Anne Arundel Registration Dist. No. 20

Village or City Harwood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Packard~~ Stallings If U. S. Veteran, specify WAR

(a) Residence: No. ~~Packard~~ Harwood St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 7. 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Clayton Estep

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mildred Stallings

16. BIRTHPLACE (city or town) Harwood
(State or country) Md

17. INFORMANT Mildred Stallings
(Address) Harwood

18. BURIAL, CREMATION, OR REMOVAL
Place Harwood Date 6/15/ 19 39

19. UNDERTAKER T. A. Hardesty & Son
(Address) Edgewood Md.

20. FILED 6/15 19 39 W. R. Clayton
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 14 (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post. Mortem exam. 19

I last saw h alive on 19 ; death is said to have occurred on the date stated above, at 2-P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Diarrhoea & Enteritis	6/4/39

Other **Contributory Causes** of Importance:

Poor Sanitary Conditions

Name of operation none Date of —

What test confirmed diegnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? NO Date of injury None, 19

Where did injury occur? none
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury none

Neture of Injury none

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify

(Signed) John M. Claffy Deputy Medical Examiner

(Address) Annapolis.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05721

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

County a a Registration Dist. No. 21

Village or City Annapolis No. 165 Main St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 14 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Susan Stallings

(a) Residence: No. Friendship Md St., Ward.

(Usual place of abode)

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE co

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos Stallings

6. DATE OF BIRTH (month, day, and year) March 2 - 1856

7. AGE Years 83 Months 3 Days 15 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased lest workad at this occupation (month and year)

11. Totel time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Calvert Co Md (State or country)

FATHER

13. NAME James Phebbons

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jennie Osten

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sarah Crosby (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Davidsonville Md Date June 19 - 1939

19. UNDERTAKER Robert J. Wood (Address) Friendship Md.

20. FILED 6 7, 1939 J. S. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I ettended dacaased from June 10, 1939, to June 17, 1939

I last saw h. ev alive on June 16, 1939; death is said to have occurred on the date stated ebova, at 49 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:

	Date of onset
Myocarditis & Myocardial Insufficiency Chronic.	unknown

Other Contributory Causes of Importanca:

Arteriosclerosis	unknown

Name of operation ___ Date of ___

What lest confirmed diagnosis? ___ Was there en au'opsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Whara did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of Injury ___

24. Was disease or injury in eny way reletad to occupetion of deceased? no

If so, specify ___

(Signed) George C Bond M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05722

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis, Maryland No. Emergency Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christie Swinburn If U. S. Veteran, specify WAR

(a) Residence: No. Shadyside, Maryland St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School girl

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME Leslie Swinburn

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Bertha Buckler

16. BIRTHPLACE (city or town) Mechanicsville Md.
(State or country)

17. INFORMANT Christiana Swinburn
(Address) Shadyside

18. BURIAL, CREMATION, OR REMOVAL
Place Quaker Cemetery Galesville Date 6/24, 1939

19. UNDERTAKER T. A. Hardesty & Son
(Address) Galesville Md.

20. FILED 6 23, 1939 J. H. Musgrove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939, to June 22, 1939
I last saw h[er] alive on June 22, 1939; death is said to have occurred on the date stated above, at 6:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Poctsy-Maylaria Spotted Fever (Tick fever)	June 15 1939.

Other Contributory Causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical + Lab tests Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert L. Henderson M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05723

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Anne Arundel County Registration Dist. No. 27

Village or City Fort George G Meade, Md. No. STATION HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Thomas

(a) Residence: No. Mayfield, Md. St., Ward. Howard
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Jessie B Thomas

6. DATE OF BIRTH (month, day, and year) October 4, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired soldier

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ---

10. Date decreased last worked at this occupation (month and year) Jan 31, 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Talmadge,
(State or country) Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Brynmawr, Brecon Shire
(State or country) South Wales

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Llanelly, Brecon Shire
(State or country) South Wales

17. INFORMANT Mrs. Jessie B Thomas
(Address) Mayfield, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington, Va. Date June 23, 19 39

19. UNDERTAKER Lloyd Kaiser,
(Address) Laurel, Md.

20. FILED June 21, 19 39 B. Norris
B. NORRIS, Lt. Col., MC.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 21 (Day), 193 39 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 12, 19 39, to June 21, 19 39

I last saw him alive on June 21, 19 39; death is said to have occurred on the date stated above, at 5:45A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	1936
Congestive heart failure	2 weeks
Other Contributory Causes of importance:	
Uremia	1 week

Name of operation ---- Date of ----

Whether confirmed diagnosis? ---- Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ---- Date of injury ----, 19----

Where did injury occur? ----
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ----

Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ----

(Signed) G. A. RADER, 1st Lt., M. C. M. D.

(Address) Fort George G. Meade, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05724

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Anna Arundel (82d) Registration Dist. No. 21

Village or City Orchard Beach No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert P. Van Der Linden

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Van Der Linden

6. DATE OF BIRTH (month, day, and year): Nov. 20th 1857

7. AGE: Years 81 | Months 6 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Candy Maker

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Valentine Van Der Linden

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Charles H. Leutner, 736 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL Place: Loudon Park Date: June 20th, 1939

19. UNDERTAKER (Address): E. Schloman & Son, 1639 Hanover St.

20. FILED: 6-17, 1939 L. A. Brit, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1939, to June 16, 1939; I last saw him alive on June 16, 1939; death is said to have occurred on the date stated above, at 5 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Hemiplegia Rt	10 yrs
Gangrene of left leg and foot	2 days

Other Contributory Causes of importance:

Hemiplegia not due to cerebral hemorrhages but probably due to cord changes associated with arteriosclerosis. A.W.G.R.

Name of operation: None Date of

Whet test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Lubin M. D.

(Address) 320 Patapsco Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 21

05725

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore City

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. Unknown (If rural give location)

(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME ELIJAH WHITE

3 (b) If veteran, name war ------

3 (c) Social Security No. ------

4. Sex male

5. Color or race black

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Unknown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869 (?)

8. AGE: Years 70 (?) Months Unknown Days If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Unknown

11. Industry or business -----

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6-10-9 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Hospital Cem.

Location Crownsville Md.

18 (a) Funeral director Supt.

(b) Address Crownsville Md.

19 (a) 6/10.9 (Date rec'd by registrar) (b) E. F. Joyce DL Registrar

MEDICAL CERTIFICATION

20. Date of death June 8th 1939 at 7:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5th 1938 to June 8 1939, and that I last saw him alive on Jun. 8th 1939

Immediate cause of death Arteriosclerotic heart disease

Due to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ---------

Of autopsy ----

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide --------

(b) Date of occurrence -----

(c) Where did injury occur? ------ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ------ (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Crownsville, Md. Date signed 6/8/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 5 1933
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05726

STATE OF MARYLAND—CERTIFICATE OF DEATH

(51-C)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No.

Village or City Mayo No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Garfield Wilson If U. S. Veteran, specify WAR

(a) Residence: No. Mayo St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of alice Wilson

6. DATE OF BIRTH (month, day, and year) March 4 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mayo (State or country) Md.

FATHER

13. NAME Charles Wilson

14. BIRTHPLACE (city or town) (State or country) a. a. Co.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT alice Wilson (Address) Mayo

18. BURIAL, CREMATION, OR REMOVAL

Place Mayo Md. Date June 10, 1939

19. UNDERTAKER T. A. Hardesty & Son (Address) Galesville, Md.

20. FILED June 8, 1939 Edw Collinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to June 8, 1939

I last saw him alive on June 1, 1939; death is said to have occurred on the date stated above, at 7:45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Probable Carcinoma of Prostate	?

Other Contributory Causes of Importance:

Acute retention

Extreme loss of weight

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice F. Klawans M. D.

(Address) 31 South Gate Av

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible], WITH UNFADING INK—THIS IS A PERMANENT REC[illegible]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 2/ 05727

CERTIFICATE OF DEATH

(34)

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27days

(e) Length of stay in this community (yrs., mos., or days) 27 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Prince George's

(c) City or town Unknown (If outside city or town limits, write RURAL and give town)

(d) Street No. Unknown (If rural give location)

(e) If foreign born, how long in U. S. A.? ---- years

3 (a) **FULL NAME** William Wright #2

3 (b) If veteran, name war ------

3 (c) Social Security No. ------

4. Sex: male | 5. Color or race: black | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife --------

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878 (?)

8. AGE: Years: 61 (?) | Months: Unknown | Days | If less than one day: ------hr. ------min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Unknown

11. Industry or business Unknown

FATHER 12. Name Bob Wright

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden Name Sarah Warner

MOTHER 15. Birthplace Unknown

16 (a) Informant Hospital Records

(b) Address Crownsville State Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 31, 1939 (month) (day) (year)

(c) Cemetery or crematory Methodist Cemetery Bladensburg Md

Location Bladensburg Md

18 (a) Funeral director L Gascha Sons

(b) Address Hyattsville Md

19 (a) 6/30-9 (Date rec'd by registrar) (b) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. Date of death June 28th 19 39, at 4:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 19 39, to June 28th 19 39 and that I last saw him alive on June 28th 19 39.

Immediate cause of death	Duration
Syphilis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide --------

(b) Date of occurrence --------

(c) Where did injury occur? -------- (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? -------- (Specify type of place) While at work? --------

(e) Means of injury

23. Signature Wm. F. Tenney Woods M. D. or other

Address Crownsville, Md. Date signed 6/29/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 21

05728

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo. 21 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1031 N. Caroline St., (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva YOUNG

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race Black

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife ?

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name ?

13. Birthplace

MOTHER 14. Maiden Name ?

15. Birthplace

16 (a) Informant Hospital records,

(b) Address Crownsville, Md.

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof June 21, 1939 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location Balto City

18 (a) Funeral director R. A. Elliott

(b) Address 1129 N. Caroline St.

19 (a) 6/18-9 (Date rec'd by registrar) (b) E F Joyce DL Registrar

MEDICAL CERTIFICATION

20. Date of death June 17, 1939 at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27, 1939, to June 17 1939 and that I last saw her alive on June 27 1939.

Immediate cause of death Gen. Arteriosclerosis

Due to senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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